

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>71123</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>RONALD E DAVIS</u> P.O. Box, Bldg., Room No., if any <u>Suite 800</u> Street <u>444 N. CAPITAL ST, NW</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u>	4. Name, file number, and address of labor organization. Name <u>DISTRICT NO. 1 PCD, MEBA, AFL-CIO</u> Labor Organization File Number <u>066-581</u> P.O. Box, Building and Room Number, if any <u>Suite 800</u> Street <u>444 N. CAPITAL ST, NW</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20001</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ron Davis

On

8-9-05

Date

202 638 5355

Telephone Number

Name of Person Filing RONALD E. DAVIS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name MEBA BENEFIT PLANS</p> <p>Trade Name, if any: BENEFIT PLANS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1007 EASTERN AVE</p> <p>City BALTIMORE</p> <p>State MD ZIP Code + 4 21202</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MEBA BENEFIT PLANS</p> <p>Trade Name, if any: BENEFIT PLANS</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1007 EASTERN AVE</p> <p>City BALTIMORE</p> <p>State MD ZIP Code + 4 21202</p>	<p>11.a. Nature of such dealing.</p> <p>MEBA BENEFIT PLANS ARE A JOINTLY TRUSTEED MULTI-EMPLOYER BENEFIT PLANS THAT PROVIDE BENEFITS TO PARTICIPANTS REPRESENTED BY MEBA</p> <p>11.b. Approximate dollar value of such dealing. 5404.57</p> <p>12.a. Nature of interest held or income received.</p> <p>THIS REIMBURSEMENT IS FOR: TRAVEL EXPENSES FOR TRUSTEE MTGS. AND EXPENSES RELATING TO IFEB CONFERENCES FOR TRUSTEE EDUCATION; also MEAL EXPENSES</p> <p>12.b. Amount. 5404.57</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

MEBA Medical and Benefits Plan
2004 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Ronald Davis	Medical	571700	2/19/2004	\$ 70.00	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/03
Ronald Davis	Medical	571700	5/31/2004	\$ 105.38	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/03
Ronald Davis	All		3/15/2004	\$ 1,265.00	IFEB Conferences
Ronald Davis	Medical	571850	3/16/2004	\$ 341.50	Various Meals 01/04 Trustee Meeting
Ronald Davis	Medical	571700	5/14/2004, 5/20/04	\$ 964.78	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
Ronald Davis	Medical	571700	7/20/2004	\$ 626.14	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
Ronald Davis	All		11/12/2004	\$ (350.00)	IFEB Conferences
Ronald Davis	Medical	571700	11/16/2004	\$ 127.56	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/04
Ronald Davis	Medical	571890	12/15/2004	\$ 34.21	Membership Dues (ck#20469)
Ronald Davis	Medical	571850	12/04	\$ 2,220.00	IFEBP Fees
				\$ 5,404.57	

Name of Person Filing RONALD E. DAVIS	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name VEDDER PRICE KAUFMAN & KAMMHOLTZ, P.C.</p> <p>Trade Name, if any: VEDDER PRICE</p> <p>P.O. Box, Bldg., Room No., if any Suite 2600</p> <p>Street 222 N. LASALLE ST.</p> <p>City CHICAGO</p> <p>State IL. ZIP Code + 4 60601</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>VEDDER PRICE IS CO-COUNSEL TO MEBA BENEFIT PLANS. CHUCK WOLF IS THE ATTORNEY ASSIGNED TO THIS ACCOUNT AND HIS OFFICE IS IN CHICAGO</p> <p>11.b. Approximate dollar value of such dealing. 278.00</p> <p>12.a. Nature of interest held or income received.</p> <p>MR WOLF TOOK MY WIFE AND I TO DINNER WHERE BENEFIT PLAN ISSUES WERE DISCUSSED.</p> <p>12.b. Amount. 278.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing RONALD E. DAVIS	File Number U-
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8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name SEIX INVESTMENT ADVISORS, INC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 300 TICE BLVD</p> <p>City WOODCHIFF LAKE</p> <p>State N.J. ZIP Code + 4 07675</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SEIX INVESTMENT ADVISORS, INC</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 300 TICE BLVD</p> <p>City WOODCHIFF LAKE</p> <p>State N.J. ZIP Code + 4 07675</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">SEIX INVESTMENT ADVISORS HANDLE FIXED INCOME INVEST- MENTS FOR THE MEBA BENEFIT PLANS</div> <p>11.b. Approximate dollar value of such dealing. 57.00</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">LUNCH WITH CHRISTINA SEIX (CEO) TO DISCUSS INVESTMENTS WITH MEBA BENEFIT PLANS</div> <p>12.b. Amount. 57.00</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>